

Stigma and the Future of the Mental Health Service Delivery System in Vermont  
CRT Directors Group  
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The CRT Directors group would like to communicate its perspective and recommendations for the future of mental health care in Vermont to the VSH Futures Advisory Committee and to the Agency of Human Services. We are proud of the system of care we have all worked to develop and we believe there are important actions that should be taken to actualize the shared goals of Vermont's mental health community.

- Vermont has the lowest rate of adult involuntary psychiatric hospitalizations in the nation, as well as the smallest state-run psychiatric hospital in the nation.
- Vermont has a notable track record of developing nationally recognized services that have enabled many of its citizens to live in the community, whereas in other states they would be living in institutions.
- The VSH Futures Report as written and presented to the Legislature by AHS Secretary Charles Smith in February 2005 is true to the values and principles of Vermont and has received the formal endorsement of the VSH Futures Advisory Committee.
- Adequately funded and appropriately sited community recovery residences will succeed in fulfilling important elements of the Futures Plan.
- Developing the community recovery residences first is a wise course of action for the state, as they will be less costly and less coercive than additional hospital beds and create a more effective clinical environment.

We believe that stigma toward people with mental illness is the most significant mental health issue facing our state. It impacts the people we serve, their families, our local communities and the statewide vision we have for the health and wellbeing of all Vermonters. We recently communicated with the legislature about our belief that what is needed is not a proclamation against stigma; instead we need tangible efforts to strengthen supports to individuals with mental illness:

1. Support the housing contingency funds. These funds have played an important role in helping individuals with mental illness access and maintain stable housing. These funds have been especially critical because rents have risen and section 8 waiting lists have grown while access to that list has been frozen intermittently.

2. Support the transportation needs of disabled persons. Those with mental illness depend upon public transportation to fully reintegrate into their home communities.
3. Begin the planning necessary to address the needed transitional services for children as they reach adulthood. When children reach adulthood, they suddenly lose important wrap-around services that are needed to meet the social, cultural and economic demands of their new roles as adults.

We believe that stigma is playing a role in the resistance of some communities to locate the much needed residential recovery services that are planned as part of the replacement of the current functions of Vermont State Hospital. We support the following actions to achieve our goal of transitioning from an institutionally based system of care to a community based system of care:

- We support efforts to allow for more timely judicial review of individual commitments at VSH and the designated hospitals, of transfers from Corrections and all court ordered individuals, and of ONH revocation proceedings.
- We endorse the public process that has been followed in the development of statewide clinical care management protocols, and we encourage greater participation in that process by consumers, family members, and other VSH Futures members.
- We recommend that the state implement the recommendations of Secretary Smith's Futures Report by fully funding the clinical care management system, hospital diversion beds, peer services, integrated treatment services, and coordination with the Department of Corrections.
- The community recovery residences proposed in Vergennes and Greensboro and now Williamstown mirror the recommendations of the VSH Futures Committee with respect to the principles of recovery, medical staffing, nursing coverage, integrated substance abuse services, family involvement and the principles of recovery. Residential recovery initiatives should be vigorously supported by all levels of state government, with financial guarantees similar to those extended to the Valley Vista project.